

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/23/2005

Michael C. Mayo
Baxter Healthcare Corporation
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P.O. Box 490 - Route 120 & Wilson Road
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06/23/2005 FFANAI A3 00000052 021440 10004696

01 FC:1501 1400.00 DA

02 FEE BASIS 30.00 DA

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Elizabeth J. Eich

(Depositor's name)

Elizabeth J. Eich

(Signature)

6/20/05

(Date)

APPLICATION NO.	30.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/004,696

12/05/2001

Daniel F. Bischof

F-5801

7252

TITLE OF INVENTION: METHODS AND SYSTEMS FOR PREPARING BLOOD PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	06/23/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SAUCIER, SANDRA E	1651	435-002000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Andrew G. Kolomayets

2 Michael C. Mayo

3 Bradford R. L. Price

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BAXTER INTERNATIONAL, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DEERFIELD, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

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A check in the amount of the fee(s) is enclosed.

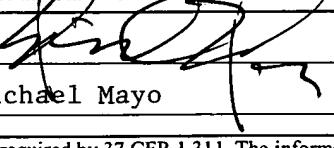
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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 6/20/05

Typed or printed name Michael Mayo

Registration No. 38,545

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